MARGIN

No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. that it may be DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of Information should be CAUSE OF Important. E.

Village or City

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

St.; Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME NAVINA CAA	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDDWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on December 6, 1914.
TAGE It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 3 / 2 P m. The CAUSE OF DEATH* was as follows: Chypnia Interstitual Replants.
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Ouration) Jyrs 4 mos 6s. Contributory Secondary
10 NAME OF Hilliam Heliams	(Signed) (Signed) (Signed) (Address) (Supplied To the Supplied
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lower Lo	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rudolphus Williams	At place of death yrs. mos. ds. State yrs. mos. ds Where was diseaso contracted, lt not at place of death? Former or
(Address) Sesup, Ind. 15 Filed Dec J. H. 1914 L H 9 I fashing. FEGISTERS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Prince buring grand Del. 8 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 M Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. lication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stutionary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman. who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebiospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caucanse of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, FOR HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT carefully supplied. AGE should be stated EXACTLY. 4 UNFADING INK-THIS See instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so Important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist.	NO
V	43 . 4	St.;Ward)	[If death occurred in a hospital or institution give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 51		16 DATE OF DEATH Standing (Month) 17 I HEREBY CERTIFY, That I att.	(Day) (Year)
	ATE OF BIRTH (Month) (Day) (Year)	that I last saw h in alive on Det	7
7 A	If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:	
(a pa (b) bus wh) Trade, profession, or Irade	Contributory (Secondary)	
RENTS	11 BIRTHPLACE OF FATHER (State or country) Int Insurer 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Address)	on Inf
14.	of Mother 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Pecanda of Anatulation	16 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTOR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, if not at place of death? Former or usual residence.	yrs, mos ds
16	(Address) Jessup Mid.	Cherry Hill D	ATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. Z.

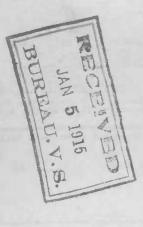
No. 1. 02

[Approved by U. S. Census and American Fublic Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (6)

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarringe, as "Turnpubal septichae cause. Always qualify all diseases resulting from inus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) cause of death approved by Committee on Nomencla. sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio etc., when a definite disease can be ascertained as the -Kart failure," "Haemorrhage," "Inanition," "Maras genital," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: 20



RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

Village or City Islu Bunga, 2FULL NAME Auranda M	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/ St.; Ward) St.; Ward) Geeler [If death accurred in a haspital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
gent 4 COLOR OR RACE SINGLE, MARRIED, Modoro ORDIVORCED (Write the word)	18 DATE OF DEATH Sec. 24, 1914 (Month) (Day (Yeat) 17 1 HEREBY GERTIFY, That I attended deceased from
G DATE OF BIRTH Jaw 45- (Month) (Day (Year)	17. 2/ 1914, to 12. 23 , 1914, that I last saw h 2/ allvs on 224 23 , 1914
7 AGE 11 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Ourstien) yrs mas 2 ds.
which emplayed (or emplayer) **BIRTHPLACE* (State or country) **Proceedings of the country of	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER John Filling 11 BIRTHPLACE	(Signed) Armus & Branchar, N. D. D. 25, 1914 (Address) Elles Germe
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Dout / Curry.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mas ds
(Informant) Adherine Jidaly	Where was disease contracted, If not at piace of death? Former or usual residence.
(Address) Slew Burne	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Drang Drag 26, 191 4
Filed DGL 25, 1914 homas Hamphan Separa REGISTRAR	Hung E Rewas Balto

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. should be taken to report specifically the occupations duties of the household only (not pald Housekcepers mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

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injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse," "Coma," "Convulsions," "Debility" ("Concer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon,"



S. No. 1.

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OCCUPATION RECORD PERMANENT classified. properl supplied. pe may 0 back terms. Instructions = of Infor Item OF Important. Every It

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of sfreef and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, 191 WIDOWED. (Month) (Day) (Year) Write the word I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 730 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of Industry. business, or establishment in (Duration) which amployed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) S (Address) 11 BIRTHPLACE L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARE 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER of death yrs. mos. ds. State Where was disease contracted. If nof at place of death? ... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

mere blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

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Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomeucla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "FURRPERAL septichaectc., when a definite disease can be ascertained as the "Keart faiture," "Haemorrhage," "Inauition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chroain is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can Examples: 0



OCCUPATION PERMANENT S UNFADING 0 0 DEATH 0 OF Item mportant. CAUSE

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ift death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIEO, WIDOWED, (Write the word) (Month) (Day HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h ____ allve on ____ (Day (Month) 7 AGE It LESS than and that death occurred on the date stated above, a 1 day ___ hrs. The CAUSE OF DEATH * was as follows: OR 7 ...mos......ds. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory. Secondary (State or country 10 NAME OF 11 BIRTH LACE ARENT (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State Where was disease contracted. It not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR amapela

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto,

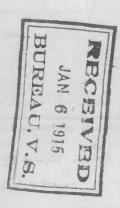
Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

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Very SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT Classi properly INX UNFADING back ATH in plain DEAT 0 Item OF mportant. CAUSI

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in ____yrs.___ which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death State ____ _____ yrs. ____ mos. ____ _ ds. Where was diseaso contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 10 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to thme and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. ctc., when a definite disease can be ascertained as the genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For vio-



V. S. No. 1.

A PERMANENT RECORD

-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

Co	1 PLACE OF DEATH 13123 8 1 unty Q. Q. Wo. 36 A 2 FULL NAME Denne Bro	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	Male White Single, Married, Widowed, Wirte the word)	16 DATE OF DEATH See 6 , 1914 (Mouth) (Day (Year) 17 I hereby certify, That I attended deceased from
6 D	Tely 28, 1837	that I last saw h alive on because 5, 1914
TAG	77 yrs 9 mos ds OR min.?	and that death occurred on the date stated above, at 3 h m, The CAUSE OF DEATH* was as follows:
(a) pai (b) bus whi	CCUPATION) Trade, profession, or ricular kind of work. General nature of Industry, iness, or establishment in ch employed (or employer)	Several yrs mos ds.
981	(State or country) Prince Frings les	Secondary (Boration)
ARENTS	10 NAME OF FATHER SAME DE SAME PORCE 11 BIRTHPLACE OF FATHER (State or country) Prince France OF MAIDEN NAME OF MOTHER FOR THE SAME OF THE S	(Signed) Walton Flooring N. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds
	(Intermant) Consciportion Titles	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ed Dec 6, 1914 Jong Wilch	Diversielle ad Mg Del 2 191 4 20 UNDERTAKER Jay ly. Sons appress Limpole
	II more blanks are needed, address State Regist	rat 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DISTARS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., which surgleal operation was undertaken. "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For Vio-



PERMANENT UNFADING

should ION Is OCCUPATION PHYSICIANS classified. properi supplied. pe may 0 terms, should plain instructions of information DEATH in pial Item OF mportant. Every II B z

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred in St.;....Ward) a hospital or institution, give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Day) (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, ...hrs. The CAUSE OF DEATH * was as follows: SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF ON FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS nore blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tunos, meninges, periionaeum, etc., Carcin-

childbirth or miscarriage, as "Purperbal scotichaemere symptoms or terminal conditions, such as thenia," "Anaemia" (merely symptomatic), "Atrophy," ("Collapse." "Coma," "Convulsions," "Debility" ("Con-LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL pcritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ cause of death approved by Committee on Nomencla sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never repor ample: Meastes (disease causing affection need not be stated unless important. zer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Hart failure," "Haemorrhage," "Inanition," "Maras The contributory "Senile." etc.), (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can death), 29 da: State cause for Examples: For vio-0



PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. BINDING stated classified. should 0 THIS properly AGE INK RESERVED supplied. may be UNFADING certificate. that It carefuily 80 ō MARGIN WITH pe back DEATH in plain terms. of information should 60 PLAINLY. See instructions WRITE CAUSE OF Important.

PARENT

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1.0 ż (informant)

(Address)

The same test resources	,
County Q. Q.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25
Village or City Brookly M (No	St.; Ward) [If death occurred a hospital or institution give its NAME inste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH Office 4", 1865 (Month) (Day) (Year)	that I last saw h alive on
7 AGE yrs. 8 mos. 27 ds. 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atn The GAUSE OF DEATH * was as follows:
(a) Trade, profession, er particular kind et work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. d
9 BIRTHPLACE	Contributory

(State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) of MOTHER (State or country) At place In the of death _____ yrs. ___ mes. State Where was disease contracted. 14 THE ABOVE IS THE If not at place of death?

20 UNDERTAKER

usual residence

DATE OF BURIAL

OR REMOVAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, Drospinal"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," For vio-



N.B.

Coi	1 PLACE OF DEATH 13126 unty Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH	
		Registration Dist. No. 2/	
Vill	Page or City 3 21 district (No. No. No. No. No. No. No. No. No. No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	Colored Colored (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
6 D/	ATE OF BIRTH		
7AC	September 22, 1914 (Month) (Day (Year)	that I last saw h alive on	
· AC	It LESS than 1 day,	and that death occurred on the date stated above, at 54 m. The CAUSE OF DEATH* was as follows: Signed by auch regular, No doefer or attrictions.	
(a) par (b) busi which	CCUPATION ITada, profession, or rificular kind of work General nature of Industry, Iness, or establishment in ch employed (or employer) RTHPLACE (State or country) RTHPLACE (State or country) RTHPLACE (State or country)	Clearly Intestinal Indeposition (Duration) yrs. I mos. ds. Contributory Secondary (Duration) yrs. mos. ds.	
	10 NAME OF Edward Brown.	(Signed) James S. Bellengile, M. D.	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
Δ.	OF MOTHER Delia Munsey. 13 BIRTHPLACE OF MOTHER (State or country) Verginia. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted, If not at place of death?	
((Interment) Edward Brown.	Former or usual residence	
15	(Address). Election, Ind.	Fresh Buries Fround. Date of BURIAL Del 10. 1914	
File	A Dec. 10, 1914 J. S. Billingolia, M.D. REGISTRAR	20 UNDERTAKER ADDRESS No undertaker	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Satesman, As examples: "Foreman,"

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nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. Exvatvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.;



-THIS IS UNFADING INK-

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 should be AGE carefully supplied. that It may be DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

County

1 PLACE OF DEATH 19197	71
Rome arundel	XY
	The same of the sa

STATE OF MARYLAND CERTIFICATE OF DEATH

Pedistration Diet No

11681911	acioni	D136,	110,
			,

DATE OF BURIAL

ADDRESS

	ULL NAME BY	own	giv	hospital or institution, re its NAME Instead street and number.]
PER	SONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEAT	гн
3 SEX Vemale	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word	ingle	(Month) (Day	
6 DATE OF BIR	Month) (Day	., 1914 (Year)	7	, 191/4.
OCCUPATION (a) Trade, profess	yrs/mos29_ds.	if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, The CAUSE OF DEATH* was as follows: Brenchitis (acute)	at/1.30.4,.m
	work		Contributory Secondary	mos. L ds.
(State	PLACE THER OF COURTRY) Maryland N NAME	1	(Signed) A January (Signed) yrs. (Signed) A January (Address) A January (Address) *State the Disease Causing Death, or, in dea Causes, state (1) Means of Injury; and (2) Tal, Suicidal, or Homicidal.	Je Ind
13 BIRTHI OF MO (State		EDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. Where was disease contracted, if not at place of death? Former or usual residence.	ds

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No. ů

N. B.

(Address)....

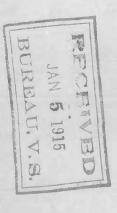
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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; essary to know (a) the kind of work and also (b) tiou is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State eanse for childbirth or miscarriage as "Puerperal septichae ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



No.

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B.

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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classifled. AGE supplied. UNFADING in plain See instructions Every Item of Information GAUSE OF DEATH in pial Important. 1 PLACE OF DEATH

Filed 13 @ 30 1914 612 Willesson

13200 STATE OF MARYLAND CERTIFICATE OF DEATH

Ilt death occurred in tospital or institution e its NAME Instead street and number.]

deceased from

3,30 fm,

..... mos. 2 ds.

from VIOLENT ther ACCIDEN-

NS, TRANSIENTS.

ADDRESS

	'illage or City Hanodur WO. (No.	Registration Dist. No.
V	FULL NAME But	St; Ward) [It death occ a hospital or in give its NAME of street and nu
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	4 COLOR OR RACE SINGLE, MARRIED, Single ORDIVORCED (Write the word)	16 DATE OF DEATH LEC 28 19 (Month) (Day) (You
e D	ATE OF BIRTH Decemb 26", 19/4 (Month) (Day) (Year)	Dec 26", 1914, to Dec 28", 1914 that I last saw here alive on Dec 28"
(8)		and that death occurred on the date stated above, at. 3,30. The CAUSE OF DEATH* was as follows:
(b)	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE tate or country) Wavylor Wa	(Ouration) yrs. mos 2 Contributory Carel (Secondary)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Si
	13 BIRTHPLACE OF MOTHER (State or country) Weylerd THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS: INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. Mhere was disease contracted, If not at place of death?
16	Address Hanover horsland	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL Marks Cental 25 30

if nord blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can State cause for Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

N. B.

RECORD

PERMANENT

.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. (Month) (Day 6 DATE OF BIRTH MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended decean	occurred in lostitutioo, AE Instead nomber.]
Jemele White Widowed (Month) (Day (Month) (Day (Write the word)	
6 DATE OF BIRTH	, 1914 (Year)
(Month) (Day (Year) that I last saw he alive on Die	., 191 <i>4</i>
The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as foll	I Dym
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manylogued Contributory Segondary	
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 NAME OF MOTHER 14 STATE THE DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL.	-, N. D
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RE	ANSIENTS
(Informant) Chew Chew Former or usual residence. (Address) W237 Rura Place of Burial or Removal Date of Buriation Chew Commer of Usual residence. 15 Place of Buriation Removal Date of Buriation Remo	

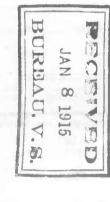
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). The procedure of the preumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

13129 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

T+			

Ward)

[It death occurred in

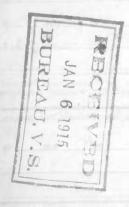
FULL NAME Jeseph & Chur	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Polite (Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
G DATE OF BIRTH Aug 17 , 18.53 (Month) (Day (Year)	that I last saw h Man alive on 250 25 , 1914
7 AGE 8/ yrs 6 mos / ds It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry.	Chrebrel Reccopage
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Poul Colars 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) — yrs mos ds. (Signed) — which is a signed of the control of the contro
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot deathyrsmesds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Nelly Clark	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Seven a 7 D 16 Filed DEA 28, 1914 Thomas A Branchau De proceed Régistran If more blanks are needed, address State Regist	PLACE OF BURIAL OR REMOVAL PALEUSSIA CELETY SEA 3/, 1914 20 UNDERTAKER ADDRESS Trangle E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



PLACE OF DEATH 13130	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Gerlalyn (No	St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male W Solor or RAGE Single, Married Wisower, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from (Not) (1914, to lee. 8, 1914,
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. 0 c min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work of com time and of the particular kind of work of com time and of the particular kind of work of com time and of the particular kind of work of the particular time and of the particular t	(Duration) yrs. mos. 10 ds.
9 BIRTHPLACE (State or country)	Gentributor having Interstitut Wetherted, Secondary Construct Embolism (Buration) yrs mos Jos.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) William Dfert , M. D. Lee 10, 191 4 (Address) Junto Bay, and.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Vngma 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ame Blayfy (Im)	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Generalyn-a.a. (5. M. d.) 16 Filed Dec 10 1914 Chart Brooke	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOSS 191. 29 UK DERTAKER ADDRESS
REGISTRAR	Hillam Kook 5022 class
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

cated thus: duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. EXUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, Irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—leaving affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of such, if Impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ceet-ACCIDENTAL, LENT DEATHS state MEANS OF INJURY and qualify as childblith or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; SUICIDAL, or HOMICIDAL, or as probabily (Recommendations on statement of State cause for Never report



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EXACTLY.

RECORD

PLACE OF DE STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in -Ward) a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED, Write the word) (Day (Month) (Day (Year) 7 AGE If LESS than occurred on the date stated 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER (Signed of back PARENTS 11 BIRTHPLACE OF FATHER (State or countr the the DISEASE CAUSING DEATH, or, in deaths from VIOLENT SES, state (1) MEANS OF INJURY; and (2) whether Acciden-Suicidal, or Homicidal. uo 12 MAIDEN NAME See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country

If not at place of	death?	**********************
Former or usual residence	***************************************	10

Godar Hill	2000
UNDERTAKER	ADDR 415
mostrong Denny Co	110

Brooker

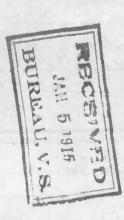
If more blanks are needed, address State Registrar, 6 E. Franklin & Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, been changed or given up on account of the pisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupaary to know (a) the kind of work and also (b)nature of the business or iudustry, and therefore an If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubérculosis of lungs, meminges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head The nature of the Never report



IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

County Chunt Canada (18043)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vittage or City Talloways (No. , -	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Your)	18 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from (91 (19
(Month) (Day (Year) 7 AGE I LESS than 1 day hrs. 9 OCCUPATION	and that death occurred on the date stated above, at
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Contr
10 NAME OF FATHER JOHNSON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Quration) yrs mos ds. (Signed) (Address) (Add
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Address) Sulle way 15 Filed State 191	DATE OF BURIAL OR REMOVAL LOCAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Terrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precisc statement of oecupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fraeture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



V. S. No. 1.

N. B.

PERMANENT UNFADING INK-THIS PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD WRITE

state

County A a Go 13132	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City amofales (No. 187,	Registration Dist. No. 2/ Cheshut St.; 2 Ward) [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME Stille	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male bala (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 1 HERRBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw halive on
7 AGE (1887) (1887) 1 LESS fhan 1 day,hrs. ORmin. ?	and that desth occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Stillbon
which employed (or employer) BIRTHPLACE (State or country) Conno falls Ind	Contributory Secondary (Doration) yrs mos ds
10 NAME OF Ed Dence	(Signed) (Address) Analy (Address)
11 BIRTHPLACE OF FATHER (State or country) amafales had 12 MAIDEN NAMEY OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) annahalis M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) & Denis	Where was disease contracted, If not at place of death? Former or usual residence
(Address) anapolis	Demontal Date of Burial Demontal 20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persous engaged in domestic service for wages, as the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of mia," "Puerrenal peritonitis," ctc. State cause for childbirth or misearriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A N.B.

PLACE	OF DEATH	13133	(1	9

STATE OF MARYLAND

Gounty U. U.	CERTIFICATE OF DEATH
	Registration Dist. No. 2/
VIIIage or City Near amolds Ma(No,	St.;—Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIODWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h de alive on beck the 1914
7 AGE 7 2 yrs 2 mos 2 ds. or min.?	and that death occurred on the date stated above, at 7/15 4 m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishmen1 in	Chrisic Discourse of walness of heart of yes de
which employed (or employer) BIRTHPLACE (State or country) Sermany	Contributory Secondary
10 NAME OF FATHER CASQUEST RESTUYELY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) (Address) (Address)
13 BIRTHPLACE OF MOTHER (State or country) Mukenown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
(Informant) Charles Witzel (Address) Charles Statem (Address)	th not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Wenn (Musual Stu. Stu. St. 12 - 12 1014)
Filed Dec 12 1914 Amg Walch	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

annapolis

Les, Jours

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastcs (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

ounty Anne Anne Stony Run (No. 2FULL NAME Millon Edu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH Month) (Month) (Day (Year)	that I last saw hsive on
7 AGE 11 LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 90 clack in The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Line 4 hours
10 NAME OF FATHER Farm Edward 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER TO AMERICAN HAWKEN	(Signed) (Si
of Mother Trances Hawkins 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos d Where was disease contracted,
(Intermant) Basil Hawkins (Address) Hawww Nel RVot Filed Dze 15, 1914 & Registrar REGISTRAR	15 not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Torest Stovz Candens 20 UNDERTAKER Basil Hawkins Honore Ud

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tiou is very important, so that the relative healthfulbeen changed or given up on account of the Disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," The nature of the "Exhanstion," Never report



should state OCCUPATION IS VERY PHYSICIANS RECORD o MEDICAL CERTIFICATE OF DEATH Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 5 SINGLE, 3 SEX COLOR OR RACE MARRIED, MAJOULE, ORDIVORCED (Write the word) BINDING stated 6 DATE OF BIRTH classifled. 4 pe (Month) (Day) (Year) 7 AGE It LESS than 2 should FOR 1 day hrs. THIS OR min. ? properly AGE 8 OCCUPATION (a) Trade, profession, or RESERVED particular kind of work carefully supplied. pe (b) General nature of industry, business, or establishment in UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) + that 10 NAME OF FATHER ō MARGIN WITH be PARENTS back 11 BIRTHPLACE terms, should OF FATHER (State or country) 6 PLAINLY, 12 MAIDEN NAME in plain OF MOTHER See instructions Information 13 BIRTHPLACE OF MOTHER (State or country) Every item of information CAUSE OF DEATH 14THE ABOVE NOWLEDGE (Informant) important. (Address) 15 No. 1.8 REGISTRAR

If more blanks are needed, address State Regis trar,

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

St.: Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number. 1

(Month) TIFY, That I to December 1000 date stated as follows:	attende.	ber c	191.7 (Year) ased from , 191.4
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Carcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably sutcide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purreral scotichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ample: Mcasics (disease causing death), 29 "Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Collapse." "Coma," "Convulsions," "Debility" ("Con Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory "Senfle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent (name origin; "Can State cause for or as probably Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED 17 HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 dayhrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) --Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. State State or country) .. ds. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers statement. additional line is provided for the latter statement; the nature of the business or indust j; and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrement scottichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," genital," "Senile." ctc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Come," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nent neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... "Contributory." 'Hart fallure," "Haemorrbage," "Inanition," "Maras-The contributory (Recommendations on statement of (secondary "Dropsy," "Exhaustion," (name origin; "Canor intercurrent; State cause for Never report Examples: For vio-0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAI: 5 1915 BUREAU, V.S.

carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, so Important. 1 ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ward

[If death eccurred is

2FULL NAME	a hespital er institution, give its NAME instead ef street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Buek (Single, Married, Surgle Orolyonged (Write the word)	16 DATE OF DEATH DYP. 31 , 191 4 (Month) (Day (Year)
6 DATE OF BIRTH See, 31 , 414 (Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from 191
7 AGE O yrs mos ds OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind ef werk. (b) General nature ef Industry, business, er establishment in which employed (er employer)	(Still Corn.) (Buration) yrs. mos. ds.
OSTATE OF COUNTRY) 10 NAME OF FATHER 10 NAME OF FATHER	Contributory Secondary (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place In the ef death
(Informant) Trace's Landing, My. (Address) Arc 21 ALLO	Former er usoal residence. 19 PLACE OF BURIAL OR REMOVAL PACE OF BURIAL OR REMOVAL PACE OF BURIAL OR REMOVAL 20 UNDERSTORMENT AND JON. 15t., 191 3

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) scpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned genital," The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Ex-



V. S. No. 1.

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

13137 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

---Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

²FULL NAME

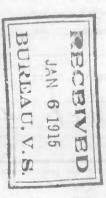
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Beack (Write the word)	18 DATE OF DEATH \$7.0. 3 / ,191 4 (Month) (Day (Year)
Month) (Day (Year)	that I last saw h alive on
O yrs O mos O ds OR min. ?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
*BIRTHPLACE (State or country.)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name O O	(Signed) Yrs mos ds. (A. D.
of Mother Joan Summo 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Euroch Erroy (Address) Trocey's Lundry W	former or osual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed Dr. 31, 1914 A. H. Perrie Fred REGISTRAR	Enoch Croy Govern Linding
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-Ex-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Q. Q. 13138	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.		
Village or City Hardel (No. Maryland. St.; Ward) 2FULL NAME Mary Store 1 2FULL NAME MARY STORE			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jemele Colord (Miller the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from		
Occ. 17,1914 (Month) (Day (Year)	that I last saw h alive on Dec 7, 191 4		
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 15 gem, The CAUSE OF DEATH* was as follows:		
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Prematue Birth (Juin) (Ouration) yrs mos ds.		
9 BIRTHPLACE (State or country) May Cand	Secondary (Duration) yrs mos, ds.		
10 NAME OF William, From	(Signed) Argia De the M. D. Dec 26, 191 (Address) Suffer May 2019		
C State or country) Malden NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) hay Card	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs		
(Informant) Land Juacolge (Address) Laiful Juacolge	Where was disease contracted, if not at place of death? Former or usual residence. 1 Proce of Burial or Removal Date of Burial		
File Dec 26, 1914 PB Broke Ma REGISTRAR	Furness Franch Dec 27 1914		

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

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nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc., when a dcfinite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of State cause for Never report



REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St.,/Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

[If death occurred in -Ward) a hospital or lostitution, give Its NAME Instead ot street and number. 1

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH (Month) (Day CERTIFY, That attended de and that death occurred on the date stated above, at. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

Very

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"





certificate.

on back

state

PLACE OF DEATH 1914	STATE OF MARYLAND
000	CERTIFICATE OF DEATH
County C.	0 /
	Registration Dist. No.
Village or City Umapolis (No. Con	egurcy tostet st.; 2 Ward) [If death occurred le a hospital or lostitution,
· H . V	give its NAME Instead
2FULL NAME Couth M.	Holland of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH SER 141 101/
Ferrale White MARRIED, Married ORDIVORED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
800 0 09	1 Dec 13 1914 to Sea 14 1914
(Month) (Day (Year)	that I last saw h 2 alive on be 14 1914
⁷ AGE If LESS that	
76 - 1 day,hr	
yrs mos ds. OR min. 7	- Juenes Sestiremas
8 OCCUPATION (a) Trade, profession, or	Henris e Perstaniti
particular kind of work	
(b) General nature of Industry, business, or establishment in	(8,
which employed (or employer)	(Ouration) yrs mos. 4 ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF A 1/	(Ourafion) yrs mos ds
FATHER 9, 19. Grands	(Signed) Walton Hoykens
V) 11 programated	tea 16, 191 & (Address) Remark tis me
State or country)	
OF FATHER (State of country) Person 2 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER Markey or 100	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE,
13 BIRTHPLACE	OR RECENT RESIDENTS) Af place A in the
OF MOTHER (State or country) Muknow	of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Hot. +160. 1	

REGISTRAR

Sfate _____ yrs. ___ mos. ___ usual residence DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, OE. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eonditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease ean be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (seeondary or intercurrent) "Dropsy," "Exhaustion,"



PHYSICIANS should state of OCCUPATION is very PHYSICIANS PERMANENT RECORD UNFADING INK-THIS IS DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH B.—Every item CAUSE OF important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 2

FULL NAME Rosa Jacke	St.; Ward) a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH / 2 , 1914 (Month) (Day (Year)
DATE OF BIRTH (Mogan) (Day (Year)	that I last saw h La alive on haventhe 2 5, 1914.
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 7
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in	(Duration) yrs 6 mos / ds.
**Mich employed (or employer) **BIRTHPLACE (State or country) **Indianal Control of the country of the countr	Contributory Secondary (Doration) yrs mos ds. (Signed) A Gamman , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) hayland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
* (Informant) Charles Chur	If not at place of death?
(Address) Lessis Made 16 Filed De e 3 -1914 L-HgP-Hashyr Lag of Registrian	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS TASHER TO AND AND AND AND AND AND AND AND AND

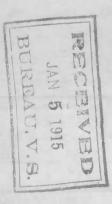
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necupplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulheen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tclanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name_origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which snrgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tnmor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease cansing death), 29 ds., (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) Never report



Very 10 pinous OCCUPATION PHYSICIANS RECORD PERMANENT classified. THIS properly AG supplied. be UNFADING may certificate. that 80 50 WITH back terms, pino 0 piain instructions EATH of Q OF Every item CAUSE OF important.

STATE OF MARYLAND lune arun CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav HEREBY CERTIFY. That I attended deceased from OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country was disease contracted 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcreiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probably The contributory Mcasles (disease causing death), 29 ds.; (secondary or intercurrent) Never report



4 UNFADING

should is OCCUPATION PHYSICIANS RECORD PERMANENT classified. properi AG supplied. terms, pino piain information 5 DEATH ō OF Every It

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PERSONAL AND STATISTICAL PARTICULARS S AINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) 8 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than 1 day, hrs. BOCCUPATION (a) Frade, protession, pr particular klod of work (b) General nature of industry, business, or establishment in (Doration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OFFATHER (State or country) ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER See instructions OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death?. Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 15

REGISTRAR

Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death accurred inWard) a hospital or Institution, give its NAME instead of streef and number.] MEDICAL CERTIFICATE OF DEATH (Day) (Month) I HEREBY CERTIFY, That I attended deceased from . alive on, 191 and that death occurred on the date stated above, at *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, State _____ yrs, ____ mos. __ DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Honsekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salceman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer of Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

childbirth or miscarriage, as "Purperal septichaeby carbolic acid-probably suicide. The nature of the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

PERMANENT RECORD

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

of information should be

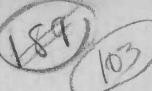
CAUSE OF important.

N. B.

carefully supplied.

DEATH in plain terms, so that it m. See instructions on back of certificate.

nty Anne Aundel new Shepley



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution,

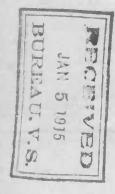
FULL NAME Celia Rone	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Glack Single, Married, Widowed Drovbace (Write the word)	16 DATE OF DEATH 52 /5 ,1914 (Month) , (Day (Year)
6 DATE OF BIRTH Storknown, 844	17/ I HEREBY CERTIFY, That I attended deceased from DEC 11th, 1914, to DEC 12, 1914, that I last saw her alive on DEC 12, 1914
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 1 m,
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: It defeation the act follows: Jacker (Duration) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Mary land 10 NAME OF FATHER Wilknown	Contributory Secondary One (Duration) yrs mos ds. (Signed) Contributory M. D. (Signed) Contributory M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Sarah Truston	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Warylond 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, It not at place of death?
(Address) Hanover Md RFZ	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Pored Store Complete Ste 17 1814
File 15, 1914 Con Menderson REGISTRAR	Cooper Ballo Ild
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Honsekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Preeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," mere symptoms or terminal eouditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cunsepsis, tetanus) Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopncumonia (seeondary), 10 ds. ture of the American Medieai Association.) eause of death approved by Committee on Nomenela-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion," Never report Extense

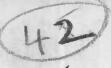


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S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County ann armse Village or City 3 District



STATE OF MARYLAND CERTIFICATE OF DEATH

.Ward)

	Registration	Dist.	No. 2
0 G			Flf double

St;-----

	0	10		,,
FULL NAME	Maria	dan	isa	Kuch

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Small With Single, Wilder & Single, Wilder & Wil	16 DATE OF DEATH December 11th, 191. (Month) (Day) (Year)
S D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fr
	(Month) (Day) (Year)	that I last saw h it allye on Die 6Th 191
7 A	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a)	CCUPATION) Trade, profession, or ricular kind of work	Churcy y Uhrus
bus	General nature of Industry, Iness, or establishment in Ich employed (or employer)	(Duration) 2 yrs. mos.
9 BI	RATHPLACE (atte or country) Ballinon Ins	Gentributory (Secondary) Why (Secondary) (Secondary) yrs mos
	10 NAME OF FATHER Why Rich Willis Luchex	(Signed) A Church home
ENTS	11 BIRTHELACE OF FATHER (State or country) Un aufix Va.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDE
PAR	of Mother Janes Maria Hall	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
	OF MOTHER (State or country fles an by Va.	At place in the of death yrs mos ds. State yrs mos
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, ⊸If not at place of death?
	Interment Mari agus Emony - Daughe	Former or usuai residence
	Address 3 D. a.a. Cu. mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	· Much	20 annes Cem. Dec 13, 1915
Fil	ied Dec 12 1914 41 8/12104	20 UNDERTAKER ADDRESS
	REGISTRAR If nor blanks are needed, address State Registrar, 6 H	WA Eddmin a gunapali

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. scation, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salceman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum,

cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 13145	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No. 24
Village or City J. Bacto (No. 6,	Cereal. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Josephing Ila	subar of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1-emale My t Single, Married Married Married (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 [Day (Year) (Year)
6 DATE OF BIRTH	nov/6 1914 to Dec/ = 0 1914
(Month) (Day (Year)	that I last saw h exallyeon nov 17 = 1911
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at # 9. m.
157 un la day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	
(a) Trade, profession, or particular kind of work	(C) A Alamana
(b) General nature of Industry, business, or establishment in which employed (or employer) Houseweff	(Duration) Jee Jos Vods.
9 BIRTHPLACE (State or country)	Contributory
(State or country) Justion. Totald.	Secondary (Baretian) were to
10 NAME OF ROA. Russer	(Signage Thu 1, 2, Horton M. D.
OF FATHER	Vee 1, 191 ef (Address) Do (Velts, Curlis) Bay
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Aut Reserved 13 BIRTHPLACE OF FATHER (State or country) Mod Aut Aut Aut Aut Aut Aut Aut Au	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLETT CAUSES, state (1) MEANS OF INJURY; and (2) whether compositely and (2) whether compositely are the compositely and (2) whether compositely are the compositely are th
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIERTS, OR RECENT RESIDENTS) Af place In the
(State or country) With Whole .	of deathyrs mos ds. State yrs mos ds Where was disease contracted.
Man S. Male 11	If not at place of death?————————————————————————————————————
(Interment) Stumplant Mathematical	usual residence
(Address) To Cereal St	PLACE OF BURNEL OR REMOVAL
Filed Dec 2 1914 Ths. B. Horton	ADDRESS ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the nisease "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (6)

Statement of cause of death—Namc, first, the disease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart fallurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Always qualify all discases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Brooklyn (No. 2)	STATE OF MARYLAND CELL FICATE OF DEATH Registered No. 2 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH 4 COLOR OR RACE MARRIED, MIDDWELD WIDOWED, MIDDWELD WRODWED, MIDDWELD Write the word) (Write the word) (Month) (Day) (Year)	16 DATE OF DEATHER LUBER (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from wellender 9 th, 1914, to pellender 10 th, 1914, that I last saw her alive on bellender 10 th, 1914.
TAGE If LESS than 1 day, hrs. OR min.? **OCCUPATION* (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 3 = 7, m, The CAUSE OF DEATH* was as follows: Chronic Junior Heart Alisease and Greno-scalerosis (Duration) - yrs. + mos ds.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER SCHOOL Baldwin 11 BIRTHPLACE OF FATHER OF MALVOUN 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed DC 72 1914 Chao & Brookle	Contributory (Secondary) (Buration)
REGISTRAR If mere bianks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of ture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleai operation was undertaken. . For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgvalvular heart discase; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BUREAU, V.S.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT d UNFADING INK-THIS IS PLAINLY, WITH WRITE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Vill		St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	7,700
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH VECESIAVE 25, 1914 (Month) (Day (Year)
8 D	(Mouth) (Day (Year	17 I HERESY CERTIFY, That I attended deceased from 191, 191, 191, 191, 191
(a)		and that death occurred on the date stated above, at
(b) bus whi	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country) Compassion C	Contributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 NAME OF STATHER (State or country) Commassalis M.C. 10 NAME OF STATHER State or country)	(Signed) M. Medel D. S. M. B. C. 25 , 191 4 (Address) Early of M. W. State the Disease Causing Death, or, in deaths from Violent
PARE	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) annapolis and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds
-	(Informant) Margret Foot	Where was disease contracted, If not at place of death?
15	(Address) Spa Road	Camparole DATE OF BURIAL Lamparole 12/12, 1914
Fil	ed Dec 26, 1914 A Y NElch	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1. >

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal schiichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



S. No. 1.

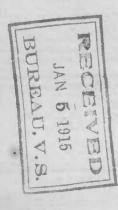
PLAGE OF DEATH	STATE OF MARYLAND
. QQ. 1314A 0	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Brish med (No Marfi	Ward) [if death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME Cugun Jarys	or street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Annle Centry (Write the word)	16 DATE OF DEATH Dec 29, 1914. (Month) (Day) (Year)
6 DATE OF BIRTH	Des 5 18 191 14 to Des 19 1914
(Month) (Day) (Year)	that I last saw h samalive on Des 19, 1914
7 AGE If LESS than 1 day, hrs. or mos, ds. OR min.?	and that death occurred on the date stated above, at 5 0 m. The CAUSE OF DEATH* was aa follows:
OCCUPATION (a) Trade, profession, or	Lewocythaena
particular kind of work.	
	(Duration) yrs. 7 mos. ds
(b) General nature of industry, business, or establishment in Allowse Corrections	Gontributory Questinal intorcat (Secondary)
particular kind of work. (b) General nature of industry, business, or establishment in Md House Corrections which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Senses Largent Largent Largent	Contributory Sutartimal intorcat (Secondary) (Buration) yrs mos ds (Signed) AM Mercury , M. D.
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Sensors Largent	(Signed) (Signed) (Signed) (Address) (Address) (Address) (Austral Medical Medi
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Add
particular kind of work (b) General nature of industry, business, or establishment in Md House Corrections which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Senses Largent Largent Largent	(Signed) (Suration) yrs. mos. ds (Signed) (Sign
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particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER CATALLY PARTHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER SATTAL Blackston 13 BIRTHPLACE OF MOTHER SATTAL Blackston 13 BIRTHPLACE OF MOTHER SATTAL Blackston 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Rice or as Sattle Sat	(Signed) (Suration) yrs. mos. ds. (Signed) (Sig

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer- ('nal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Indust J; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. tion is very important, so that the relative leaithfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The quasilon For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pheumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman scotichae -Heart failure," "Haemorrbage," "Inanition," "Maras-mus," "Old Age," "Shock," 'Traemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencis "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ is iess definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

Pennington o	And
1 PLACE OF DEATH Curtis 3	314 STATE OF MARYLAND
County A. S. Cans	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Country By (No.	St.; Ward) It death occurred in
1	oteses give its NAME instead
FULL NAME duna, A.	Teases of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SURGE, MARRIED, Colorise	16 DATE OF DEATH Dec 17th 1014
Turne what (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
Any / 1848	1914, to dec , 1914,
(Month) (Day (Year)	that I last saw h alive on Loc. 1 1914
66 yrs 4 mos 17 ds. OR min.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
	THE SHOEL OF BEATTIN WAS AS TOTIONS:
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry,	40 M C May Cloudy
business, or establishment in which employed (or employer)	(Duration) yrs. 7 mos. 1 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF O	(Duration)yrsmosds.
FATHER SCALE CALCOLOR	(Signed) Nilliain WfCatt, M.D.
11 BIRTHPLACE OF FATHER	Dec. 18, 191 (Address) Curter your Ing
(State or country) Jenny	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMOGRAPH
T 12 MAIDEN NAME OF MOTHER / / /	The second of Hospitals.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Gurny	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Moutin Leser	Former or usual residence
(Address) Curtis By my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 De 16 01/2 21 A	about Gamel Can Dec 20, 1914
Filed Le 18, 1914 / Worfor MA	20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registran	trar, 6 E. Planklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Dropsy," The nature of the State cause for "Exhaustion," Never report For vio-



S. No.

Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. classifled. 4 IS -THIS properly UNFADING INK supplied. may certificate. that to WITH terms. should 0 plain See Instructions _ of Inform DEATH WRITE OF

Every Item CAUSE OF Important.

County

3 SEX

TAGE

PARENTS

15

Viilage or City.

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work.

(b) General nature of industry, business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country)

THE ABOVE IS

(informant)

OF FATHER (State or country)

		Market Said Said Said Said Said Said Said Said
PLACE OF DEATH	13140	1 0
A	70170	1100
	***************************************	1 Mills
7. 1	1'110	San

5 SINGLE,

MARRIED. WIDDWED,

ORDIVERCED (Write the word)

(Day

MYKNOWLEDGE

REGISTRAR

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

(No....

(Year)

It LESS than

1 day,....hrs.

OR min. ?

STATE OF MADVIAND

CERTIFICATE OF Registration Dist.	DEATH	4
St.; Ward)	[If death occ a hospital or in give its NAME of street and n	stitution, Instead
MEDICAL CERTIFICATE OF	DEATH	
(Month)	4 (Day	191
HEREBY CERTIFY, That I at 3	ttended deceas	191 <u></u>
DEATH* was as follows: 'alysis age	true	
(Duration) /S	yrsmos	
Off Medical Colors	uz ili	, M. C

CAUSENS, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.

OR RECENT RESIDENTS)	The state of the s
At place	in the
ot death yrs mos ds.	State yrs, mos
Where was disease contracted.	

If not at place of death?.....

Former or

16 DATE OF DI

that I last saw

and that death

The CAUSE OF

Contributory

Secondary

DATE OF BURIAL

20 UNDERTAKER

18 LENGTH OF RESIDENCE (FOR HOSPITALS IN

ADDRESS

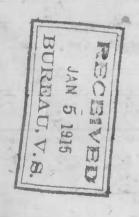
more blanks are needed, address State Registrar, CE. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: "Foreman," The

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valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequeuees (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marusthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection used not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT U UNFADING certifica 0 back HO ATH in plain instructions DEAT WRITE CAUSE OF Important. Every

TAGE

ARENTS

15

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

PLACE OF DEATH 3150

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

.Ward)

fif death occurred in a hospital or institution. give its NAME lestead of street and number.]

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIDOWED, (Month) (Day ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (ar emplayer) -----Contributory ⁹ BIRTHPLACE (State or country)

Secondary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

Af place					in the			
of death	********	yrs	mas.	ds.	State	yrs,	mos	d
		ase contrac					. 8	

If not at place of death?

Former or usual residence

19 PLACE	OF	BUE	RIAL	OR	REMOVAL
Pa	11	•			

DATE OF BURIAL ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," 6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

		STATE OF I	MARY	LAND	
	C	ERTIFICATE	OF	DEAT	H
,	,	Registration	Dist.	No	21

Co	unty_U_U_G	CERTIFICATE OF DEATH
Vil	lage or City annalyshs (No. 100)	Registration Dist. No. 2/ Wesh St.; 3 Ward) [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	FULL NAME UM CO SHOW	- (Voew)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1351	male That Single, Married, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 D	March 8 Star (Month) (Day (Year)	that I last saw h 4 alive on A 2 3 , 1914
TA		and that death occurred on the date stated above, at 4/5 Pm The CAUSE OF DEATH* was as follows:
(a)	CCUPATION) Trade, protession, or House Work ricular kind of work	Urasuia
bus	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Chronic Wife Secondary
ITS	10 NAME OF FATHER Pechand Corolly 11 BIRTHPLACE OF FATHER	(Signed) Alun (Address) Quuahrli Mid
PAREN	12 MAIDEN NAME MASS Aarah Massland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Wydnown	At place in the ot deathyrsmosds. Stateyrsmosds
	(Informant) State to the Best of My Knowledge (Informant) Ship Owen	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) house 1	Hope hapel age bee 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indlcated thus: of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

> sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (dlsease causing death), 29 ds.; "Dropsy," "Exhaustion," For vio-



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT UNFADING INK-THIS PLAINLY, WITH WRITE CAUSE OF important.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution,

	FULL NAME Lusan Cur	give its NAME instead of streef and number.}
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	er hale Color or race Single, MARRIED, WIDOWED, WIDOWELL ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH 12. 30 ,191. (Month) (Day (Year)
8 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw har alive on Page 11 11 4.
7 A	about 86 yrs mos ds. OR min.?	and that death occurred on the date stated above, at 3/5 m. The GAUSE OF DEATH * was as follows:
pa (b) bus wh) Trade, profession, or reflected kind of work.) General nature of industry, siness, or establishment in inch employed (or employer) IRTHPLACE (State or country)	(Durafion) 2 yrs. mos. ds. Contributory Secondary
TS	10 NAME OF FATHER CIPANION 11 BIRTHPLACE	(Signed) Keved Xasson, M.D. Wec 3/, 191 / (Address) who maltered
OF FATHER (State or country) Cuchurum 12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs ds. State yrs ds Where was disease contracted, If not at place of death?
16	(Informant) butter Hollens (Address) Bristol accord	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF
Fil	ed Lec 30-1914 a- A-Verice	20 UNDERTAKER ADDRESS DAS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a dcfinite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient. e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." such, if Impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopn cumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



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No. 1. 02

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUBATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

3

County G G 13153	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Millewell (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Caland Original (Write the Word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	11-10 1914, to 72-3 1914, that I last saw h allve on 2 - 7 ,1914
TAGE SH 3/ yrsmosds. ORhrs. ORhrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	myormolets
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) A A Country Mod	Gontributory Cutters Selection (Secondary) (Duration) yrs mos ds
10 NAME OF Isaac Parker 11 BIRTHPLACE (2)	(Signed) Approved , M. D. 12-7 , 1914 (Address) Allegareth
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (Siste or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot death yrs, mas. ds. State yrs, mos, ds Where was disease contracted.
(Informant) at the BEST OF MY KNOWLEDGS	It not at place of death? Former or usual residence
(Address) Assistant Market Mar	19 PLACE OF BURIAL OR REMOVAL M. DATE OF BURIAL ALE. 8 1914 20 UNREBTAKER R. Wills. Wilham J. Sn. Walithey
If more blanks are needed address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) · Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carciniosis of lungs, meninges, peritonaeum, etc.. Carciniosis

cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LETT DEATHS state MEANS CELINIUS and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement scottchaeetc., wbcn a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Wcakness," ample: Measles (disease causing va vular heart disease; Chronic interstitial aephritis ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples: 00



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.276
Village or City Douth Rus (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made Color or RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Sec /8, 1914 (Month) (Day (Year)	Lee 18, 1914, to Lee 18, 1914.
If LESS than 1 day,	and that death occurred on the date stated above, at & Comm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Doration) yrs mos ds. (Doration) yrs mos ds.
10 NAME OF FATHER Charles Porker 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 9 of Coching M. D. (Signed) 9 of Coching M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Mongler of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lawra Porky (Address) Bouch Ruin Mod	At place lo the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
16 Filed De e 79 , 191 4 John Collisin	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

CAUSE OF I

N. B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations guinfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or Industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerveral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgeuital," "Scnile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



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PLACE OF DE	ATE

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County		

STATE OF MARYLAND CERTIFICATE OF DEATH

Dartstanstlan	Piles	MI -	04
Registration	DIST,	NO	

Village or City Wewersele (1) 2FULL NAME Carrie Ya	No, -	St.;—Ward) a hospit	eath occurred in tal or lostitution, NAME lostead t and number.]
PERSONAL AND STATISTICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
Female Tegu. 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the	single -	(Month) (Day	, 1914 (Year)
DATE OF BIRTH (Month) (Day	1914	Alex 7192 of allen hat I last saw h alive on	d,191
7 AGE	If LESS than and day,hrs.	nd that death occurred on the date stated above, at he CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. (b) Generat nature of thoustry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or country)		Contributory (Ouration) yrs.	mos
10 NAME OF FATHER Parker Pack	er D	Signed) Markey Company of Signed (Address) Last Markey	, N,
(State or country) Muylen		*State the DISEASE CAUSING DEATH, or, in deaths Catses, state (1) MEANS OF INJURY; and (2) whe TAL, SUICIDAL, or HOMICIDAL.	from VIOLE
Q 12 MAIDEN NAME OF MOTHER COLUMN &	ellman 1	SLENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTION OR RECENT RESIDENTS)	S, TRANSIEN

REGISTRAR

OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS other m

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

usual residence

WRITE PLAINLY, WITH

of information =

DEATH

CAUSE OF Important. S

N.B.

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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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PLACE OF DEATH Gounty.. AL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDDWED DRDIVDRCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE it LESS than 1 day. hrs. OR ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in Crouncy which employed (or employer) ... Contributory (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed ENTS 11 BIRTHPLACE OF FATHER PAR 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death Where was disease contracted. it not at place of death? Former or usual residence PLACE OF BURIAL OR 15 bianks are needed, address State Regis trar, 6 E. Franklin St. Balto., Requesting V. S. No. 4

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Dav) I HEREBY CERTIFY, That I attended deceased from that I last saw h. Les allye on Dec Zu and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follow ... 1914... (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS in the State yrs, _.... mos. yrs. mos. ds. DATE OF BURIAL

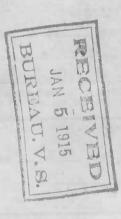
ADDRESS

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons (d)

Statement of cause of death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipios

mus," cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Tuerperal septichaecause. Always qualify all diseases resulting from genital," "Senile." etc.), ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .. The contributory "Old Age," "Shock." 'Traemia," "Weakness," (Recommendations on statement of may be stated under the head of (merely symptomatic), "Atrophy," (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

13158 1 PLACE OF DEATH County anne annall

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

(No flate	11 00
DV. T	14 00 1 70 1
INI- TURU	Morrial

Tif death occurred in

2FULL NAME Renben Riley-	ward) a hospital or institution, give its NAME Instead of street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Wall Black Sengle, Married, Wildowsen, ORDIVORCED (Write the word)	16 DATE OF DEATH Recember 25, 1914 (Month) (Day (Year)
OATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than	that I last saw h im alive on Recurbu 25, 1914, and that death occurred on the date stated above, at 4,009 m.
BOCCUPATION (a) Trada, profession, or particular kind of work. (b) Second pattern of ladustry	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manual ,	Contributory Secondary
OF TATHER OF FATHER OF FATHER OF FATHER (State or country) When we will be a state of country of the count	(Signed) To Last (Address) Sourcelle Med *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, or Homicidal.
12 MAIDEN NAME OF MOTHER MILENUM. 13 BIRTHPLACE OF MOTHER (State or country) Mulenum.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the office of death 2 yrs. I mos. 2 ds. State yrs. I mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Records.	Where was disease contracted, if not at place of death? Former or Baltimuse County.
Filed 19 19 19 19 19 19 19 19 19 19 19 19 19	19 PLACE OF BURIAL OR REMOVAL Hypotat Cemelon, Rec. 26, 191 1. 20 UNDERTAKER ADDRESS White with Supplementary trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	Lat, O E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise-specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. accidental, suicidab, or homicidal, or as probably The contributory Meastes (disease causing death), 29 ds.; (secondary or intercurrent) Never report



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PLAINLY, WITH UNFADING INK-THIS IS

WRITE

S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. 10 Every Item CAUSE OF Important. N. B.

PLACE OF DEATH 31 County.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or City Mayolindro 177	Stestinux st.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole Colored Single, Widowed, Single Widowed, Single Widowed, Single Without the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day (Year)	that I last saw halive on
7 AGE if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	physician in attendance
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Commander March 1988 (State or country)	Contributory Secondary
10 NAME OF Moses Robinson 11 BIRTHPLACE CALLED A 7	(Signed) Suration) yrs mos ds. (Signed) Yelch (Run, M. D. Acc 2 (1914) (Address) Onnahali
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (Mayob) Mayob	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
(Informant) Blackie Robuson	Where was disease contracted, If not at place of death?
(Address) Pelestrut et 15 Filed Dec 24, 1814 Insmiles	19 PLACE OF BURIAL OR REMOVAL Brewer flill Cerete Dec 215 1914 20 PINDERTAKER ADDRESS 20 PINDERTAKER
negistrak (Danney Gley Jd. MIWI

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are eugaged in the additional live is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. iujury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Ascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from (Recommendations on statement of (secondary), 10 ds. Never report State cause for For VIO-



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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT EXACTLY. ciassified. d IS should INK-THIS properly AGE supplied. UNFADING certificate. carefully that 90 WITH on back pinons in plain See Instructions of Information DEATH CAUSE OF item important. 8

3 SEX

TAGE

PARENTS

16

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Intermant)

(b) General nature of Industry,

business, or establishment in which employed (or employer)

1 PLACE OF DEATH

MARRIED

WIDOWED, (Write the word)

(Day

(Year)

If LESS than

1 dayhrs.

OR 7

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

.Ward

Registration Dis

St.:

MEDICAL CERTIFICATE

st.	No. 22	-
)	[If death occurred li a hospital or Institution give its NAME instead of street and number.]	
F	DEATH	
	(Day (Year)	1
Lat	tended deceased fro	п
ab	ove, at 818 P	

16 DATE OF DEATH	800	6	. 191
W0000000000000000000000000000000000000	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, That	attended de	ceased from
Dec 10th,	911/ to Mad	pa C	A 6191
that last saw h OM	twe on Ass A		, 191
			C10 D
and that death occurred		above, at)n
The CAUSE OF DEATH*	was as follows:	from	

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***************************************		/	************
	(Duration)	yrs.	.mosd
Contributory 192	moral n	ren land	2-2-2
Secondary		,	*************
pused by Old	(Doration)	yrs	.mosd
(Signed) Lames	46 Trans		
			, M. I
NOON (O , 191 // (Address)	Tel	111
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	NS OF INJURY: 21	in deaths find (2) wheth	rom Violen der Acciden
18 LENGTH OF RESIDEN OR RECENT RESIDENTS)	CE (FOR HOSPITALS,	INSTITUTIONS	, TRANSIENTS
Af place	In the		
of death yrs mos.	ds. Sfafe	yrs,	mos d
Where was disease contracted,	13		
If not at place of death?			77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7

Former or usual residence

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

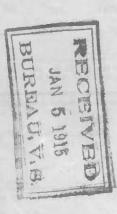
more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o

Gounty A A County

13159

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

VIIIage or City annafsolia (No. 140	south
Timage of City	

2FULL NAME Semuel St.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, Dingle MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Securifier 9,1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on, 191, 191
7 AGE 1 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in which employed (or employar)	burning of directions. (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Sunaftoli Mol 10 NAME OF FATHER Was sharfer 11 BIRTHPLACE OF FATHER (State or country) A. R. R. Romanday K. A. 12 MAIDEN NAME	(Signed) / (Boration) yrs mos os (Signed) / (Boration) yrs mos os (Signed) / (Address) / (
13 BIRTHPLACE OF MOTHER (State or country) Davidon Ville 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Informant) No 4 charies (Address) No 4 charies Filed Dec 20, 1914 Amg Welch	Former of usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

The Same of the Same

[Approved by U. S. Census and American Public Health Association.]

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State Very PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT classified. pe pinous properly supplied. pe may certificate. that It 80 0 back terms, uo plain Instructions Ë EATH DE Every Item CAUSE OF Important. S

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE DATE OF DEATH MARRIED WIDOWED, (Month) (Write the word) DATE OF BIRTH (Month) (Day -(Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment In (Duration) _ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. Where was disease contracted. If not at place of death?... Former or usual residence DATE OF BURIAL (Address)

(Year

more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

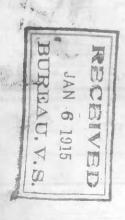
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant beoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds.; For VIO-



S. No.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very PERMANENT stated EXACTLY. carefully supplied. AGE should be si that it may be properly classified. 4 UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH DEATH in plain Every Item Important. m ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.; Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and number.]

- FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	18 DATE OF DEATH Describer 13, 1914. (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from hovember 12, 1914, to Dec. 12, 1914.
(Month) (Day (Year)	that I last saw have alive on Dec 12 , 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	Chronic: Custo Carabilla
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) / yrsmosds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) tuknown 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Jalanding Med 16 Filed D 5 1914 L 4 9 Hashing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LO 15, 1915 ADDRESS ADDRESS

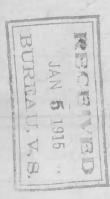
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who reecive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditious, such as "Asvalvular heart disease; Chronie interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Marasthenia," "Auaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. "Coutributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 (Recommendations on statement of Never report



RECORD	PHYSICIANS should
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	CAL

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.... Ilf death occurred to St:.....Ward) a hospital or institutico. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SFY 4 COLOR OR RACE MARRIED. WIDDWED, ORDIVERCED (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. If not at place of death?-Former or usual residence DATE OF BURNAL 15 ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Greecery; (a) Foreman, (b) Automobile factory. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childhirth or miscarriage, as "Purperal, septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlie." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

		and the same of th		
F	PLACE OF DEATH	STATE OF MARYLAND		
C	ounty anne arundel	CERTIFICATE OF DEATH		
	lim Til	Registered No.		
V	Village or City Wallstrucky (No	St; Ward) [If death occurred in a hospital or institution,		
		give its NAME Instead		
_	*FULL NAME 6 armst War	ef street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 5	MARRIED	18 DATE OF DEATH SEC. 18. 1914		
1/1	hale Black (Write the word)	(Month) (Day) (Year)		
6 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
	Och. 23,914	, 191, to, 191,		
	(Month) (Day) / rear)	that I last saw h alive on,191		
TA		and that death occurred on the date stated above, atm,		
	yrs. / mos. 25 ds. 1 day,	The GAUSE OF DEATH * was as follows:		
	Trade, profession, or Sudanh.			
pa	TICUIAR KING OF WORK	no Physiman in Mentine		
	General nature of industry, iness, or establishment in	(Rupation)		
whi	ich employed (or employer)	(Duration) yrš. mos. ds.		
9 B (S	tate or country) Mary land	Gentributory (Secondary) (Deration) yrs mes x 68		
	10 NAME OF Clarance Watkins	(Signed) Joyce Justice of the Care		
IS	11 BIRTHPLACE	alling as 151 (Address) And Class Me orgland		
N	(State or country) Mary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-		
PA	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.		
	Caral L. Miller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	OF MOTHER (State or country) Mary land	At place In the		
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted.		
	Such a Mille	If not at place of death?		
	Informant) War a. Tucce	Former or usual residence		
	(Address) Walesbury Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15	121.0	John Wisley Courter 719, 1914		
Fil	ed /18 ,191/2 De moyer	20 UNDERTAKER ADDRESS		
	RECISTRAR	1. Milleaus Han Walinbury		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Eequesting V. S. No. 1.				
		3		

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Tobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purepenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (discase causing death), 29 da.; affection need not be stated unless important. valrular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough: Chronic "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Gounty anny armode 152

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Village or City Ann	rapolis	(No. 15-3	West
	Today.	Westle	1

St.; 3 Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and oumbor.]

FULL NAME I WUGET IN COUPTRA		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Thirty Single, Married, Widowed, Orbivorceo (Write the word)	16 DATE OF DEATH Sec 3/ , 1914 (Month) (Day (Year)	
DECEMBER 30, 1914. (Month) (Day (Year)	that I last saw h any alive on here 20, 1914	
7 AGE if LESS than 1 day,	and that death occurred on the date stated above, at \$ 45 Am. The CAUSE OF DEATH* was as follows:	
*OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or omployer)	(Buration) yrs mos ds.	
9 BIRTHPLACE (State or country) Marylands	Contributory Secondary (Duration)	
TATHER TRANSPORTER OF FATHER (State or country) Maryland Maryland Maryland Maryland Maryland Maryland	(Signed) Walton Holderss) Remarkable M. J. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or	
(Address) 15-3 Treat 21 (Address) 15-3 Treat 21 Filed fun (1914 Tms Welch	USUAl residence 19 PLACE OF BURIAL OR REMOVAL St Um Cmg 720 UNDERTAKER 20 UNDERTAKER THANK Suit 159 West St	
REGISTRAR REGISTRAR REGISTRAR	trar, 6 E. Franklin St., Balto, Requesting V S No. 1	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits eau be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accicte., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (disease eausing death), 29 ds.; For vio-





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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 3165 A STATE OF MARY	ZIAND
CERTIFICATE OF	DEATH
Registration Dist.	No. 211
Village or City C. Brooklyn. (No. 1/3., 39 and st; Ward) 2FULL NAME Stie Birth Wismers	[If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH /
Male Whit of the words 4 COLOR OR RACE Single, MARRIED, WIDOWER, WIDOWER, Wipower, Wipowe	(Day (Year)
6 DATE OF BIRTH	, 191,
(Month) (Day (Year) that I last saw hallve on	191-
TAGE Stier Biz 14 If LESS than and that death occurred on the date stated at the GAUSE OF DEATH's was as follows:	bove, a 2 a, m,
BOCCUPATION BY	
(a) Trade, profession, or particular kind of work. Howe.	n
(b) General nature of industry, business, or establishment in which employed (or employer) — — — — — — — — — — — — — — — — — — —	yrs
State or country) 6. Blooll by.	PIA
10 NAME OF HIS NIEWS & (Signes) MARY (Duration)	JOTOC, M. D.
11 BIRTHPLACE OF RATHER (Address) SU /	sall my
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHER	
13 BIRTHPLACE OF MOTHER (State or country)	100
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. Where was disease contracted,	yrs, ds
(Informant) Ornson Wis mewall Former or usual residence	
11/2 3 Manual Of 19 moder of	PATE OF BURIAL
Filed OCC 11, 191 4 1.13 . ROUTER MS POUNDERVAKER G. 11.	ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. N	io. 1. and

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for

